

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		6		/		
8	/		/			
9		/		/		
10		/		/		
11		3		/		
12	/		/			
13	/		/			
14	/		/			
15	/		/			
16		3		/		
17		3		/		
18		3		/		
19	/		/			
20	/		/			
21	/		/			
22	/		/			
23	/		/			
24	/		/			
25	/		/			
26		0		/		
27		7		/		
28		7		/		
29	/		/			
30		4		/		
31		4		/		
32		0		/		
33		7		/		
34		2		/		
35		7		/		
36		0		/		
37		/		/		
38		/		/		
39		2		/		
40		/		/		
41	/		/			
42	/		/			
43	/		/			
44	/		/			
45	/		/			
46		/		/		
47		/		/		
48		0		/		
49		0		/		
50		0		/		
TOTAL IND.	44		44			
TOTAL DEP.	137		53			
TOTAL CLAIMS	181		97			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/			
52		/		/		
53		/		/		
54		/		/		
55	/		/			
56		/		/		
57		0		/		
58		0		/		
59		/		/		
60	/		/			
61	/		/			
62	/		/			
63	/		/			
64	/		/			
65	/		/			
66		6		/		
67		6		/		
68		6		/		
69	/		/			
70	/		/			
71	/		/			
72	/		/			
73		4		/		
74		4		/		
75		4		/		
76		4		/		
77		4		/		
78		4		/		
79		4		/		
80		4		/		
81		4		/		
82		4		/		
83	/		/			
84	/		/			
85	/		/			
86		/		/		
87	/		/			
88	/		/			
89		/		/		
90	/		/			
91	/		/			
92	/		/			
93	/		/			
94	/		/			
95	/		/			
96	/		/			
97	/		/			
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS